07838

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY: Talbot · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Cordova
LENGTH OF STAY (In this place): 7½ hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cordova
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Bedall (Middle) (Last) Angram
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3/11/52
9. AGE last birthday: 4 mo yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W Angram
14. MOTHER'S MAIDEN NAME: Eunice Walker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: John W. Angram

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	unknown
491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition, Anemia	since birth
	(c) Dehydration, Acidosis	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1952, to 7-23, 1952, that I last saw the deceased alive on 7-22, 1952, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE: John S. Baybutt (Degree or title) MD. ADDRESS: 214 Dover St Easton Md DATE SIGNED: 7/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7-26-52
NAME OF CEMETERY OR CREMATORY: Cordova Md
LOCATION (City, town, or county) (State): Cordova, Md.

DATE REC'D BY LOCAL REG.: 7/24/52
REGISTRAR'S SIGNATURE: N. H. Neeris
24. FUNERAL DIRECTOR: James B. Cashiell, Easton ADDRESS:

9V3299V99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1952
BUREAU V. S.

07840

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Queen Anne COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Katherine (Last) Boyles

4. DATE OF DEATH (Month) July (Day) 17 (Year) 1952

5. SEX F

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov. 14 1881

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY H.W.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert H. Councill

14. MOTHER'S MAIDEN NAME Martha Ann Sparks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. 219-20-4690

17. INFORMANT AND ADDRESS Mrs L.C. Rouse - 871 Park Ave, Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	24 hrs.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial infarction	6 days
(260X)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus (3)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 July, 1952, to 17 July, 1952, that I last saw the deceased alive on July 17, 1952, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 18 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/20/52

NAME OF CEMETERY OR CREMATORY Chesterfield

LOCATION (City, town, or county) (State) Centreville Md

DATE REC'D BY LOCAL REG. 7/18/52

REGISTRAR'S SIGNATURE N.H. Norris

24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md.

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JUL 28 1952
BUREAU V. S.

07839

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days 9 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) T. (Last) Ball
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH April 29, 1898
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY H.W.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Franklin Tyler
14. MOTHER'S MAIDEN NAME Kate Higgins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr John D. Ball (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) apoplexy	3 days
334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) malignant Hypertension	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to 7/4/, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 12 50 A.m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M-D- ADDRESS Easton Md DATE SIGNED 7/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 7, 1952
NAME OF CEMETERY OR CREMATORY Neavitt Cemetery
LOCATION (City, town, or county) Neavitt (State) Maryland
DATE REC'D BY LOCAL REG. 7/5/52
REGISTRAR'S SIGNATURE W.H. Neerus
24. FUNERAL DIRECTOR S. Hambleton Harrison, ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIR

RECEIVED
JUL 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07841

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob	Watson	Brown	July	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Dec 7, 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper Hanger	Paper Hanger	Md	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr Henry Brown	Hesty Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	Unknown	Mrs Lona Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Septicemia cause undetermined	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Arterio clerosis general	(?)

450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 19 July, 1952, to 25 July, 1952, that I last saw the deceased alive on 25 July, 1952, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas Ken Hamin	M.D.	Easton	Long Land 26 July 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/28/52	East New Market	East New Market Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/26/52	N. H. Reeves	J J Frampton Son	Federalsburg, Md.

RECEIVED
JUL 31 1952
BUREAU V. S.

07842

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural St Michaels
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ALFRED HERREN CALLAHAN
4. DATE OF DEATH: (Month) (Day) (Year) 7 22 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-5-30
9. AGE last birthday: 21 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driller of wood
10b. KIND OF BUSINESS OR INDUSTRY: EXTERMINATING
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Callahan
14. MOTHER'S MAIDEN NAME: ANNA LEE ~~HARRIS~~ CROTTS ~~COR~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: FRANKIE CALLAHAN - Forest City North Carolina

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 914.0

Immediate cause (a) ACCIDENTAL ELECTROCUTION
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) House (CITY OR TOWN) nr. St Michaels (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 22 52 c2P M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? DRILLING Joists IN DAMP CELLAR

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c2P m., from the causes and on the date stated above.

SIGNATURE Louis J. Wetty MD. (DEGREE OR TITLE) DOME ADDRESS Easton Md DATE SIGNED 7-22-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 7-26-52
NAME OF CEMETERY OR CREMATORY Forest City
LOCATION (City, town, or county) (State) Forest City - North Carolina

DATE REC'D BY LOCAL REG. July 23/52
REGISTRAR'S SIGNATURE Mrs Ralph L. Seltz
24. FUNERAL DIRECTOR NORMAN D. MARSHALL ADDRESS St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 25 1952
BUREAU V. S.

07843

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
LENGTH OF STAY (in this place) 14 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michaels
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) A (Last) CREIGHTON

4. DATE OF DEATH (Month) 7 (Day) 11 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH July 7, 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) HOOPERS ISLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W. HENRY CREIGHTON
14. MOTHER'S MAIDEN NAME Phoebe J. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Riley Creighton St. Michaels. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
MOX	Immediate cause	(a) CARDIAC DECOMPENSATION	2 weeks
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) METASTATIC CARCINOMA OF LUNG - LEFT	3 years
		(c) CARCINOMA OF BREAST - INOPERABLE	3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY, MODERATE; PULMONARY EMPHYSEMA —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST, 1947, to JULY 11, 1952, that I last saw the deceased alive on 11 JULY, 1952, and that death occurred at 7 30/P m., from the causes and on the date stated above.

SIGNATURE Arthur V. McClelland (Degree or title) Mar D. ADDRESS 511 Talbot St. St. Michaels, Md. DATE SIGNED 12 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14, 1952
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Cemetery
LOCATION (City, town, or county) Cambridge (State) Md

DATE REC'D BY LOCAL REG. July 13, 52
REGISTRAR'S SIGNATURE Mrs Robt. L. Seth
24. FUNERAL DIRECTOR S. Hamilton Harrison ADDRESS St. Michaels. Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

RECEIVED
JUL 15 1952
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07844

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (in this place) 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe; STREET ADDRESS (If rural, give location) Martin's Point

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) B. (Last) Dawn

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-10-84

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: William Berry

14. MOTHER'S MAIDEN NAME: Lavenia Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS: Mrs Alex W. Dawn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs
	(c)	

420.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8th, 1952, to July 26th, 1952 that I last saw the deceased alive on July 26th, 1952 and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William S. Seymour M.D. Trappe, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: July 29-52; NAME OF CEMETERY OR CREMATORY: Unionville Cemetery; LOCATION (City, town, or county): Unionville; (State): Md.

DATE REC'D BY LOCAL REG. 7/27/52; REGISTRAR'S SIGNATURE: M.H. Merrick

24. FUNERAL DIRECTOR: John D. Williams; ADDRESS: Easton Md.

RECEIVED
AUG 1 1952
BUREAU V. S.

07845

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 88 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Queen Anne COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Harry (Last) Elborn

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH April 15 1903
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Mr William Elborn
14. MOTHER'S MAIDEN NAME Grace Usilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mrs Cora Elborn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Lymphatic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 1 mo.

204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic Ulcer

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 8, 1952, to July 27, 1952, that I last saw the deceased alive on July 27, 1952, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley (Degree or title) M.D. ADDRESS 9 N. Hanson St. Easton, Md. DATE SIGNED 7-27-52

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7/30/52 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md

DATE REC'D BY LOCAL REG. 7/28/52 REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07846

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home for Aged

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenshoro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Rebecca (Last) Emerson

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 16, 1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Caroline Co. Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew - B - Roe
14. MOTHER'S MAIDEN NAME: Catherine Skirven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Irene S. Hardin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Undiagnosed abdominal carcinoma	4-5 mo.
199.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	~~DUE TO~~ (b) Gastro-intestinal obstruction	1 week
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1952, to 7-12, 1952, that I last saw the deceased alive on 7-12, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Frederick William Dick, M.D. ADDRESS 214 Dover St Easton, Md DATE SIGNED 7-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 15 1952
NAME OF CEMETERY OR CREMATORY Greenshoro Cemetery
LOCATION (City, town, or county) (State) Greenshoro, Caroline Md

DATE REC'D BY LOCAL REG. 7/14/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Maurice E. Newman ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10 8-51

RECEIVED
JUL 17 1952
BUREAU V. S.

07847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ST. MICHAELS, Md. LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - ST. MICHAELS — Md
STREET ADDRESS (If rural, give location) — CHURCH NECK.

3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) S. (Last) ESSIG
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1952
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV 6, 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR OF DENTAL SURGERY
10b. KIND OF BUSINESS OR INDUSTRY DENTISTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Chas ~~R~~ ESSIG
14. MOTHER'S MAIDEN NAME Mary Sturgess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS NORMAN S. ESSIG, ST MICHAELS Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) CORONARY OCCLUSION, ACUTE, SEVERE — 2 hr ONE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 yrs ±

(c) ARTERIOSCLEROSIS, GENERALIZED, CHRONIC, MODERATE. — yrs ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OBESITY; moderate. — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1947, to JULY 2, 1952, that I last saw the deceased alive on JULY 2, 1952, and that death occurred at 11 05 P. m., from the causes and on the date stated above.

SIGNATURE Arthur V. Mitchell, M.D. (Degree or title) ADDRESS 511 Talbot St. - PO Box 288 - St. Michaels, Md. DATE SIGNED 2 JUL 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 5 1952 NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery LOCATION (City, town, or county) Philadelphia (State) Pa

DATE REC'D BY LOCAL REG. July 3, 1952 REGISTRAR'S SIGNATURE Mrs Robt. L. Seth 24. FUNERAL DIRECTOR S. Hambleton Harrison ADDRESS St. Michaels, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

RECEIVED
JUL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07848

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Dorch.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Gambrill.

4. DATE OF DEATH: (Month) July. (Day) 5 (Year) 19 52.

5. SEX: Male. 6. COLOR OR RACE: White. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married. 8. DATE OF BIRTH: Dec 12, 1864. 9. AGE last birthday: 87 Yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housepainter Painter. 10b. KIND OF BUSINESS OR INDUSTRY: Retired Painter. 11. BIRTHPLACE (State or foreign country): Maryland. 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mr. Dorsey Gambrill. 14. MOTHER'S MAIDEN NAME: Elizabeth Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no. 16. SOCIAL SECURITY No.: no. 17. INFORMANT AND ADDRESS: Mrs. Horace E. Gambrell - wife

18. MEDICAL CERTIFICATION — 17 Burke ave. Towson md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	?
	(c) arteriosclerosis generalized	?

450 D

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~June 15, 1952~~ 6/2/52 to 7/5/52, that I last saw the deceased alive on 7/4/52, and that death occurred at 2-15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): M.D. ADDRESS: Easton Md DATE SIGNED: 7/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF: 7/7/52. NAME OF CEMETERY OR CREMATORY: Washington. LOCATION (City, town, or county): Hurlock. (State): Md.

DATE REC'D BY LOCAL REG. 7/6/52. REGISTRAR'S SIGNATURE: N. L. Nevins. 24. FUNERAL DIRECTOR: J. J. Frampton Son. ADDRESS: Federalsburg md

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 14 1952
BUREAU V. S.

07849

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue

LENGTH OF STAY (in this place) all of life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellevue

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Douglas (Last) Gardner

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Color

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-30-1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Bellevue, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Gardner

14. MOTHER'S MAIDEN NAME: Henrietta Bond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: 157-14-6210 A

17. INFORMANT & ADDRESS: Sarah Gardner, Bellevue, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Sclerosis

4201

DUE TO

Antecedent cause(s) (b) Chr. Atheromatosis, Arteriosclerotic Nephritis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Malignant hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: None

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) No (COUNTY) No (STATE) No

TIME OF INJURY (Month) (Day) (Year) (Hour) None M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from Dec 10, 1951 to July 1, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 10 : 05 p m., from the causes and on the date stated above.

SIGNATURE Philip B. Lewis (DEGREE OR TITLE) M.D. ADDRESS St. Michaels, Maryland DATE SIGNED July 3-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial, 1952

DATE THEREOF July 5, 1952

NAME OF CEMETERY OR CREMATORY Richard Cemetery

LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/3/52

REGISTRAR'S SIGNATURE N. H. Neirus

24. FUNERAL DIRECTOR John D. Williams ADDRESS Easton Md

RECEIVED
JUL 9 1952
BUREAU V. S.

Item 7 FilmG145 7/31/52 whw

07850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 hr 22 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Gill
4. DATE OF DEATH (Month) July (Day) 20 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH New J Aug 12, 1898
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Writer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Mr George Gill
14. MOTHER'S MAIDEN NAME Louise Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr Oliver Grymes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 hrs
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential hypertension	(?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1946, to 20 July, 1952, that I last saw the deceased alive on 20 July, 1952, and that death occurred at 4.02 m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 21 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/22/52
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 7/21/52
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
JUL 28 1952
BUREAU V. S.

07851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location) Jack's Point

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) A. (Last) Gorsuch
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 30th 1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Oxford Talbot County
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Charles Gorsuch
14. MOTHER'S MAIDEN NAME Mary Cahall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. A/N 7-07-3412
17. INFORMANT AND ADDRESS Mrs W. A. Gorsuch, Oxford, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	6 days
420D Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	6 yrs.
	(c) Hypertension	6 yrs. +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946 to July, 1952, that I last saw the deceased alive on 7/28/, 1952, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE William S. Seymour (Degree or title) M.D. ADDRESS Trappe DATE SIGNED 7/29/52

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF July 30 52
NAME OF CEMETERY OR CREMATORY Oxford
LOCATION (City, town, or county) Oxford (State) Md

DATE REC'D BY LOCAL REG. 7/29/52
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR [signature] ADDRESS Easton, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07852

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural, give location) 605 Dover Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Arthur (Last) Green

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 11, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Talbot Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Alfred Green

14. MOTHER'S MAIDEN NAME: Alice Cuff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Hannie Green.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis & Cirrhosis — 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4.15, 1952, to 7-21, 1952, that I last saw the deceased alive on 7-21, 1952, and that death occurred at 9.10 A.m., from the causes and on the date stated above.

SIGNATURE: W. F. Buell (Degree or title) MD ADDRESS: Easton Maryland DATE SIGNED: 7-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/24/52 | NAME OF CEMETERY OR CREMATORY: Mt. Pleasant | LOCATION (City, town, or county): Near Preston (State): Md.

DATE REC'D BY LOCAL REG. 7/22/52 | REGISTRAR'S SIGNATURE: N. H. Reeves

24. FUNERAL DIRECTOR: J. J. Frampton Son ADDRESS: Federalsburg Md.

RECEIVED
JUL 28 1952
BUREAU V. S.

07853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Holmes (Last)

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1952

5. SEX Male
6. COLOR OR RACE Black.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH Jan 9, 1904
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Fahner
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jesse Holmes
14. MOTHER'S MAIDEN NAME Sarah Greenwich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ollie Holmes Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	12 days
592x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Glomerulonephritis, Chronic	?
	(c) Uremia	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 10, 1952, that I last saw the deceased alive on July 10, 1952, and that death occurred at 10:24 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick W. Dick, M.D. ADDRESS 214 Dover St. Easton, Md DATE SIGNED July 10, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 13, 1952
NAME OF CEMETERY OR CREMATORY Greenspring Cemetery
LOCATION (City, town, or county) Denton Md (State)

DATE REC'D BY LOCAL REG. 7/11/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

RECEIVED
JUL 21 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07854

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 10 [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) E. (Middle) Merritt (Last) Legar
4. DATE OF DEATH: (Month) Jul. (Day) 20 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 22, 1893	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Md	U.S.A.

13. FATHER'S NAME: Mr Richard Legar
14. MOTHER'S MAIDEN NAME: Annie Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs Alice Legar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Embolus	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

465X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis & Stones, Bpt — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to 7/20/, 19 52 that I last saw the deceased alive on 7/20/, 19 52 and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
B Coe	M.D.	Easton Md.	7/21/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7/22/52	Crumptons	Crumptons	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/21/52	M.D. Neree	Edward R Laur	Millington Md

RECEIVED
JUL 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07855

CERTIFICATE OF DEATH

Reg. Dist. No. 291

~~Anna Martha~~ Mattes

1. PLACE OF DEATH:

COUNTY Talbot MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman LENGTH OF STAY (in this place) 25 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) M. (Last) MATTES

4. DATE OF DEATH: (Month) 7 (Day) 3 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-25-1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hartman Ulrich

14. MOTHER'S MAIDEN NAME: Anna Shellhouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY No.: None.

17. INFORMANT & ADDRESS: Mrs. Joseph Lowery Tilghman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute dilatation heart	8 Yrs
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Chronic valvular heart disease	7 Yrs
	DUE TO (c)	Arterial sclerosis	6 Yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948 to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Tilghman Md DATE SIGNED July 3 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/7/52

NAME OF CEMETERY OR CREMATORY St. Paul Reformed

LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. July 4/52

REGISTRAR'S SIGNATURE Mrs Robt L Beth

24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
JUL 8 1952
BUREAU V. S.

Item 9 Film G144 7/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07856

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cardova
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cardova
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Phillip (Last) Monday

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 14 1930

9. AGE last birthday: 22 21 yrs. IF UNDER 1 YEAR: Months 7 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Hand

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cardova

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry Monday

14. MOTHER'S MAIDEN NAME: Adella Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John H. Monday Cardova

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

DUE TO

0027

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 1951 to 7-10 1952, that I last saw the deceased alive on 7-5 1952, and that death occurred at 1 Midnight, from the causes and on the date stated above.

SIGNATURE W. F. Buell (DEGREE OR TITLE) Asst ADDRESS Easton Md DATE SIGNED 7-11-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF July 13/52 NAME OF CEMETERY OR CREMATORY New Zion LOCATION (City, town, or county) Cardova (State) Md.

DATE REC'D BY LOCAL REG. 7/12/52 REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR J. P. Johnson ADDRESS Annapolis Md

M

1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

RECEIVED
JUL 14 1952
BUREAU V. S.

07857

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 122 N Calendar Street

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) C. (Last) O'Rourke

4. DATE OF DEATH (Month) July (Day) 28 (Year) 1952

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 8/2/80 | 9. AGE last birthday 71 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Daniel Hunter

14. MOTHER'S MAIDEN NAME Margaret Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Mrs Lillian Wilkes R.D. Dover Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction due to arteriosclerotic coronary thrombosis	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure	7 days
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 July, 1952, to 28 July, 1952, that I last saw the deceased alive on 28 July, 1952, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles Tunnison M.D. Easton, Maryland 28 July 52

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF 7/30/52 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 7/29/52 | REGISTRAR'S SIGNATURE N. H. Nevius | 24. FUNERAL DIRECTOR Maurice C. Noonan & Son ADDRESS

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07858

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memoria Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Medford (Middle) C. (Last) Porter

4. DATE OF DEATH (Month) July (Day) 10 (Year) 52

5. SEX make

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 3/29/1882

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Kent Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William W. Porter

14. MOTHER'S MAIDEN NAME Emma Collgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Lola Porter, Henderson, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Elks Home (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md

TIME OF INJURY (Month) 7 (Day) 10 (Year) 52 (Hour) 10 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis A Mutty (Degree or title) M.D. D.M.E. ADDRESS Easton, Md. DATE SIGNED 7-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 7/14/52 NAME OF CEMETERY OR CREMATORY Grace Lawn LOCATION (City, town, or county) Wilmington, Del. (State)

DATE REC'D BY LOCAL REG. July 13-1952 7-16-52 REGISTRAR'S SIGNATURE L. Mae Pippin N. H. Nevers

24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07859

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) near Sherwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sherwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ebeneyer (Middle) James (Last) Rounds
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1952
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH ?
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Oysterpuncker
11. BIRTHPLACE (State or foreign country) Fairmount Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 213-01-5834
17. INFORMANT AND ADDRESS G. K. Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850.8

Immediate cause (a) Accidental drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HCVD - ē syncopal attacks — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) E. Bay (CITY OR TOWN) nr-Sherwood (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 7 (Day) 25 (Year) 52 (Hour) m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? fell from boat & drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis J Whitty (Degree or title) M.D. D.M.E. ADDRESS Easton Md DATE SIGNED 7-26-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/28/52
NAME OF CEMETERY OR CREMATORY Sherwood col.
LOCATION (City, town, or county) Sherwood (State) Md
DATE REC'D BY LOCAL REG. 7/26/52
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AUX

RECEIVED
JUL 31 1952
BUREAU V. S.

07860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairbanks
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) (Last) Somers

4. DATE OF DEATH (Month) July (Day) 20 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug 1, 1885
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: HW
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas S. Price
14. MOTHER'S MAIDEN NAME: Edna Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Norma Somers Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) apoplexy — 2 days

443X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H.C.V.D — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/20, 1952 to 7/20, 1952 that I last saw the deceased alive on 7/20, 1952, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

SIGNATURE: R. Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/22/52
NAME OF CEMETERY OR CREMATORY: Greenlawn
LOCATION (City, town, or county) (State): Cambridge Md

DATE REC'D BY LOCAL REG.: 7/21/52
REGISTRAR'S SIGNATURE: N. H. Neeris
24. FUNERAL DIRECTOR: LeCompte Funeral Home, Cambridge ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07861

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Effie	Estella	Steilkie	July	6	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Oct 18 1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Bozman MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Larrimore	Eliza Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None		Samuel Steilkie Bozman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1 **Immediate cause** (a) Carcinoma of Liver — 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — Yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 20 1952	Carcinoma of Liver	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April, 1952, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 345 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Krech Jr	M.D.	Easton	7/8/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/52	Bozman Cemetery	Bozman Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 8/1952	Mrs Robt. R. Falk	J. Hampton Harrison	St. Michaels Md

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JUL 10 1952
BUREAU V. S.

Item 21 Film GL47 9-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07862

CERTIFICATE OF DEATH

Reg. Dist. No. 2-90

Item 2-3 Talbot Dupe 10-20-70 lbs

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 2 hrs - 53 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillsboro
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Stewart

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-27-05

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr Leroy Dilwyler

14. MOTHER'S MAIDEN NAME: Olivia Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Mrs Lemp Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of head — Interval between Onset and Death: 6 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

976x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): SUICIDE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) Hillsboro (COUNTY) QA (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 7-26-52 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Shot self thru the head.

22. I hereby certify that I attended the deceased from 7-26, 1952, to 7-26, 1952, that I last saw the deceased alive on 7-26, 1952, and that death occurred at 4:25 P.M. m., from the causes and on the date stated above.

SIGNATURE: Arth R. Gould (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 8-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. | DATE THEREOF: July 29 | NAME OF CEMETERY OR CREMATORY: Hillsboro Met | LOCATION (City, town, or county): Hillsboro (State) MD

DATE REC'D BY LOCAL REG. 7/27/52 | REGISTRAR'S SIGNATURE: M.H. Reeves | 24. FUNERAL DIRECTOR: J. Virgil Moore & Son. ADDRESS DENTON

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

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AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07863

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY T.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Timms
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 7/24/52
9. AGE last birthday: D.B. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country): Easton Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lewis Calvin Timms
14. MOTHER'S MAIDEN NAME: Pearle Alice Quillen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS: Louis Calvin Timms Grasonville. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonitis — 24 h
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Patent duc Tus arteriosus — Birth
(c)
754.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 19 52 to 7/29, 19 52, that I last saw the deceased alive on 7/29, 19 52, and that death occurred at 11 P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo Leclerc M.D. Queen Anne Md 8/3/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 31-52
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. 8/30/52
REGISTRAR'S SIGNATURE H. H. Meeres
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville, Md.

2072297409

M — MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 8 1952
BUREAU V. S.

Reported 7-17-52
07864

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND N
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Cor~~ Easton. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) (Last) Warner (Warner)
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1952

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2-20-1895
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Warner
14. MOTHER'S MAIDEN NAME Clara Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Florence Warner (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Laceration	10 days
910.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fract Skull	10 Days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Woods.
(CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7 July 52 m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Struck by Falling tree

22. I hereby certify that I attended the deceased from 7 July, 1952, to 17 July 1952, that I last saw the deceased alive on 17 July, 1952 and that death occurred at 3 35 a m., from the causes and on the date stated above.

SIGNATURE H. F. Kinnamon (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/20/52
NAME OF CEMETERY OR CREMATORY Skipton (col)
LOCATION (City, town, or county) Skipton (State) Md

DATE REC'D BY LOCAL REG. 7/18/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR James B. Dashiell, Easton, Md. ADDRESS James B. Dashiell

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 28 1952
BUREAU V. S.

07865

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
LENGTH OF STAY (In this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
STREET ADDRESS (If rural, give location) Talbot Co

3. NAME OF DECEASED (Type or Print) (First) William (Middle) T (Last) Williams
4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1952

5. SEX male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 21
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Chapel Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph H Williams
14. MOTHER'S MAIDEN NAME Rosena Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hattie Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Left Kdy — INTERVAL BETWEEN ONSET AND DEATH 6 mo

180X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-52
19b. MAJOR FINDINGS OF OPERATION Ca of Left Kdy
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 7-8, 1952, that I last saw the deceased alive on 7-7, 1952, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE W F Burrell (Degree or title) Lic ADDRESS Easton Md. DATE SIGNED 7-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/10/52
NAME OF CEMETERY OR CREMATORY Williamsburg
LOCATION (City, town, or county) (State) Williamsburg

DATE REC'D BY LOCAL REG. 7/10/52
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Lewis H Bayneum ADDRESS

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A16

RECEIVED
JUL 14 1952
BUREAU V. S.

07866

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 hrs - 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova Md - Box 14
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) M. (Last) Willis

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Aug. 11, 1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME (Unknown) Rogers
14. MOTHER'S MAIDEN NAME (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Mr Leo Willis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

420,1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 1952, to 31 July, 1952, that I last saw the deceased alive on July 31, 1952, and that death occurred at 2 45/8 m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 31 July 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/2/52
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 7/31/52
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR Mallinckrodt ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID

RECEIVED
AUG 8 1952
BUREAU V. S.